

COUNTY OF ERIE

MARK C. POLONCARZ COUNTY EXECUTIVE

DIVISION OF PURCHASE

To: All Using Departments

From: Jamie Kucewicz, Buyer

Date: March 28, 2022

Subject: JANITORIAL SERVICES AT ERIE COUNTY HEALTH MALL

Effective Dates: Extended through June 30, 2022

Vendor Information: NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.

11 Columbia Circle Drive

Albany, NY 12203

Contact: Kat Vanfonda (518) 463-9706

Pricing: per attached document



NOTICE OF PRICE ADJUSTMENT

Date Sent: March 9, 2022 Contracting Agency: **Erie County** Customer Contact: James Kucewicz Job Title: Buver Street Address: Rath Building 95 Franklin Street City, State, Zip: Buffalo, NY 14202 Phone: 716-585-6336 Fax: 716-858-6465 Email: James.Kucewicz@erie.gov

Member Agency:Erie County Chapter NYSARC, Inc, d/b/a The ARC Erie County New York or Heritage
Centers/Allentown IndustriesContract or PO#PO#4500076709Service:JanitorialLocation:Erie County Health Mall- 1500 Broadway, Buffalo NYPrice:PW 1/1/2022-6/30/2022 \$7,912.90/monthEffective Date:1/1/2022Reason and Pricing:NYSDOL Prevailing Wage Adjustment Effective 1/1/2022 \$7,912.90/month

In accordance with the service agreement of the above referenced contract or purchase order, a price adjustment is applicable. The adjusted pricing will be in effect as of the effective date listed above. Please direct any questions to the contract staff assignment listed below. Please sign and return to the address below.

New York State Industries for the Disabled, Inc.	Staff Assignment:	Vanforda, Katrina
Attn: Vanfonda, Katrina	Phone:(518)463-9706	Ext: 288
11 Columbia Circle Drive	Fax:	[Staff Assignment Fax]
Albany, NY 12203-5156	Email:	kvanfonda@nysid.org
	Authorized Signature:	

3/8/2022

	Preferred Source Facilitating Entity	NYSID		
	Purchasing Agency Name	Erie County	Application Date	4/7/2020
2	Contact Name	James Kucewicz		
0	Contact Email	James Kucewicz@erie gov		
5	Contact Phone Number	(716) 585-6336		
=	Contact Street Address	Rath Bldg. 95 Franklin St.		
3	City, State, Zip Code	Buffalo, NY 14202		
5	Project Name	Erie County Health Mall		
	Proposed Start Date	1/1/2022		

	Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Но	urly Wage		Total		
	Contract Worker: 12/31/21-12/30/22 PW	1.00	1,100.00	\$	19.60	\$	21,560.00		
	Project Work: 12/31/21-12/30/22 PW	1.00	104.00	\$	19.60	\$	2,038.40		
S	Benefit Time-22days x 8hrs x .5788	1.00	101.88	\$	19.60	\$	1,996.79]	
tio i						\$			
Ca	Building Exterior Work: 12/31/21-12/30/22 PW	1.00	125.00	S	19.60	S	2,450.00		
Ci	Benefit Time-22days x 8hrs x .06	1.00	10.58	\$	19.60	\$	207.31		
specifications						S	-		
Labor Contract	Disabled/Blind Labor Total	Total FTE	Total Hours	1	tal Annual Hours		Total Wages		irect Disabled Wages Total
Direct o fulfill		0.7392	1,441.45		1950	\$	28,252.50	\$	28,252.50
Di working to f	Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hou	urly Wage		Total		
0	Contract Supervisor: 12/31/21-12/30/22 PW	1.00	1,050.00	\$	19,60	\$	20,580.00]	
3	Project Work: 7-1-20 to 6-30-21	1.00	60.00	\$	19.60	\$	1,176.00		
0	Benefit Time-22days x 8hrs x .5336	1.00	93.92	S	19.60	\$	1,840.89		
People						\$			
۵	Non-Disabled Labor Total	Total FTE	Total Hours		al Annual Hours		Total Wages	1	Direct Non- sabled Wages Total
		0.6174	1,203.92		1950	S	23,596.89	\$	23,596.89

Total All Direct Labor Wages \$ 51,849.39

TES	Total Direct Disabled/Blind Labor Hours	1,441,45	DIRECT LABOR WORKFORCE AFFIRMATION (Please select from the drop- sown box below)		
1	Total All Direct Labor Hours	2.645.38			
r Ratio and F	Disabled/Blind Labor Ratio: Percentage Disabled Labor Hours (Total Disabled Direct Labor / Total All Direct Labor Hours)	54.4895%	The total direct labor workforce involved in this application is comprised of 10 or fe FTEs. A majority of these employees are blind, severely disabled or visually impair		
Q	FTEs (Direct Disabled Labor)	0.7392			
	FTEs (Total Direct Labor)	1.3566			
Disabled	I do so affirm the accuracy of the disabled direct labo above.	or ratio selected	Type or Print Name: Simon Erdile Signature: Suman Erdile		

3/8/2022

	Preferred Source Facilitating Entity	NYSID		
	Purchasing Agency Name	Erie County	Application Date	4/7/2020
tio	Contact Name	James Kucewicz		
E	Contact Email	James,Kucewicz@erie.gov		
ō	Contact Phone Number	(716) 585-6336		
Ē	Contact Street Address	Rath Bldg. 95 Franklin St.		
ect	City, State, Zip Code	Buffalo, NY 14202		
O	Project Name	Erie County Health Mall		
٥	Proposed Start Date	1/1/2022		

related to	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
e e					\$ -	
					\$ 	
<u> </u>					\$ <u> </u>	
s.	Indirect Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Disabled Wages
ations		0.0000			\$ -	\$.
specifications.	Indirect Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
-	Supervisor and QA:12/31/21-12/30/22 PW	1.00	260.00	\$ 19.60	\$ 5,096.00	
	Benefit Time-22days x 8hrs x .125	1.00	22.00	\$ 19.60	\$ 431.20	
	Manager	1.00	12.00	\$ 24.50	\$ 294.00	
					\$	
	Indirect Non-Disabled Labor Total	Total FTE	Total Hours	·	Total Wages	Indirect Non- Disabled Wages
		0.1508	294.00		\$ 5,821.20	\$ 5,821.20

Total All Indirect Labor Wages

5,821.20

Total All Wages \$ 57,670.59

Fringe Benefits (Excluding Article 9 Supplemental Benefits)							
Benefit Type	Rate	1	abled/ Blind abor Total		n-Disabled/ hted Labor Total	Total	
Workers Compensation	0.051	\$	1,440.88	\$	1,500.32	\$	2,941.20
FICA	0.0765	\$	2,161.32	\$	2,250.48	\$	4,411.80
Medical Insurance-See Below		\$		\$	-	\$	
Liability Insurance	0.023	\$	649.81	\$	676.62	\$	1,326.42
Disability	0.006	\$	169.51	\$	176.51	\$	346.02
Unemployment Insurance	0.0101	\$	285.35	\$	297.12	\$	582.47
403B-2% agency match	0.02	\$	565.05	\$	588.36	\$	1,153.41
Total Fringe Benefits (Excluding Article	9 Supplemental Benefits	S	5,271.92	S	5,489.42	\$	10,761.3
	1 3 10 10 10 10 10 10 10 10 10 10 10 10 10	-					
	Article 9 S	upple	emental Ben				
Employee/Job Title	Article 9 S	Sup		efits		Non-Disabled/ Sighted Labor Total	
Employee/Job Title Disabled/ Blind Direct		Sup	emental Ben	efits	S Disabled/ lind Labor	_	Total
		Sup	emental Ben	efits	S Disabled/ lind Labor Total	_	Total
Disabled/ Blind Direct Disabled/ Blind Direct Non- Disabled/ Sighted Direct		Sup	emental Ben	efits Bi	S Disabled/ lind Labor Total	_	Total
Disabled/ Blind Direct Disabled/ Blind Direct		Sup	emental Ben	efits Bi	S Disabled/ lind Labor Total	Total	Total

PREFERRED SOURCE SERVICE APPLICATION

FORM 3 Service Cost Summary

3/8/2022

	Preferred Source Facilitating Entity		NYSID			
	Purchasing Agency Name	Erie County			Application Date	4/7/2020
tio	Contact Name	James Kucewicz				
Information	Contact Email	James.Kucewicz@e	ne.gov			
Por	Contact Phone Number	(716) 585-6336				
=	Contact Street Address	Rath Bldg, 95 Fr	anklin St.			
roject	City, State, Zip Code	Buffalo, NY 1420	2			
o	Project Name	Erie County Heal	th Mall		ortonian d	
d	0	414/2000				
<u>u.</u>	Proposed Start Date	1/1/2022				
<u>u.</u>	Proposed Start Date	1/1/2022	Summary			
	Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Summary Article 9 Supplemental Benefits		Total All Benefits	
U.		Fringe Benefits (Excluding Article 9 Supplemental	Article 9 Supplemental Benefits	\$	Total All Benefits	5,271.
	Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Article 9 Supplemental Benefits	\$ \$	Total All Benefits	5,271. 5,489.

To	tal All Wages
	+ Benefits
\$	68,431.92

9	Insurance Type	Cost	Total Insurance
suran	Health Insurance-agency share: .534x\$6277	3351.92	
<u>e</u>			\$ 3,351.92

Preferred Source Facilitating Entity		NYSID		_	
Purchasing Agency Name	Erie County			Application Date	4/7/2020
Contact Name	James Kucewi	CZ			
Purchasing Agency Name Contact Name Contact Email Contact Phone Number Contact Street Address City, State, Zip Code Project Name Proposed Start Date	James.Kucewicz(Derie.gov			
Contact Phone Number	(716) 585-6336				
Contact Street Address	Rath Bldg. 95 I			1	
City, State, Zip Code	Buffalo, NY 14				
Project Name	Erie County He				
Proposed Start Date	1/1/2022	aldi Man		1	
r roposed Start Date	17172022	T	(16-1		·
Description		Original Cost	Useful Life/Years	Prorated/ Annual Cos	it
Triple S Cougar 20 floor machine:	\$599 * prorate .25	\$ 149.75		\$ 2	9.95
SSS Cheetah UHS Burnisher: \$798	.99 * prorate at .25	\$ 199.75			9.95
S20 Disk Auto Scrubber: \$3,999.50 *prora	te at .25	\$ 999.88			9.98
Windsor S12 Upright Vacuum		\$ 412.00		1 -	37.33
Huskee garbage can with wheels and b		\$ 208.46			11.69
Combo Pack, Down press wringer & b Janitorial Maid Cart- Blue \$146.06/		\$ 149.94			9.99
Large Angle Broom w/ lobby dust pan: 1		\$ 292.12 \$ 35.62			1.87
48 in dust mop with handle and frame: 3		\$ 72.48			4.16
To me and their manner and frame.		72.40	3.01		
Triple S Cougar 20 floor machine: SSS Cheetah UHS Burnisher: \$798 S20 Disk Auto Scrubber: \$3,999.50 *prora Windsor S12 Upright Vacuum Huskee garbage can with wheels and b Combo Pack, Down press wringer & b Janitorial Maid Cart- Blue \$146.06/ Large Angle Broom w/ lobby dust pan: 1 48 in dust mop with handle and frame: 3 Subtotal				\$ 57	Total Facility Total Amortization
					\$ 57
Description		Quantity	Price	Total Cost	
Gas and Oll: 12 miles/week x 52		624.00	\$ 0.5750	\$ 35	8.80
Maintenance				\$	_
Other (Specify)				\$	-
Other (Specify) Other (Specify)		1		S	-
Subtotal					Operating C
Subtotal				\$ 35	8.80 Equipment Operating C
		Quantity	Price	\$ 35	Section 68.80 Equipment Operating Control \$ 35
Subtotal Description 10" bleached roll towel emboss 6/c:	S	18.00	\$ 39.95	\$ 35 Total Cost \$ 71	88.80 Equipment Operating Comparing
Subtotal Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue		18.00 20.00	\$ 39.95 \$ 43.19	\$ 35 Total Cost \$ 71 \$ 86	88.80 Equipme Operating C \$ 35
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro	om cleaner 2ltr	18.00 20.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10	Total Cost \$ 71 \$ 86 \$ 47	8.80 Equipment Operating C \$ 35
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro \$SS Navigator 9x multi purpose 6	om cleaner 2ltr disinfectant 2ltr	18.00 20.00 6.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12	Total Cost \$ 71 \$ 86 \$ 47 \$ 41	8.80 Equipme Operating C \$ 35 9.10 3.80 4.60 4.72
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose 6 SSS Navigator 24x compass M-P no	om cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr	18.00 20.00 6.00 6.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98	Total Cost \$ 71 \$ 86 \$ 47 \$ 41 \$ 28	9.10 9.10 9.10 9.18 9.18
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P no Triple S Navigator #26 Summit HD Cl	om cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate	18.00 20.00 6.00 6.00 6.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55	Total Cost \$ 71 \$ 86 \$ 47 \$ 41 \$ 28 \$ 38	8.80 Equipment Operating Co. \$ 35 9.10 3.80 4.60 4.72
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose 6 SSS Navigator 24x compass M-P no	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate	18.00 20.00 6.00 6.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98	Total Cost	9.10 3.80 Equipme Operating C 3.80 4.60 4.72 1.88 1.30
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toilet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose 6 SSS Navigator 24x compass M-P no Triple S Navigator #26 Summit HD CI Triple S Pleascent	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate	18.00 20.00 6.00 6.00 6.00 6.00 4.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00	Total Cost Total Cost S 71 S 86 S 47 S 41 S 28 S 38 S 10 S 5	9.10 3.80 9.10 3.80 4.60 4.72 1.130 4.00
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator #26 Summit HD Clo	om cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gi	18.00 20.00 6.00 6.00 6.00 6.00 4.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68	Total Cost Total Cost S 71 S 86 S 47 S 41 S 28 S 38 S 10 S 55 S 39 S 18	9.10 9.10 9.10 13.80 4.60 4.72 1.88 1.30 4.00 6.68 2.40 7.89
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pni Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate i 12 15oz gl gl poo 1 gl-4/cs	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33	Total Cost Total Cost Total Cost Total Cost S	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose 6 SSS Navigator 24x compass M-P no Triple S Navigator #26 Summit HD CI Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4.	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate i 12 15oz gl gl poo 1 gl-4/cs	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32	Total Cost Total Cost Total Cost Total Cost S	9.10 3.80 4.60 4.72 1.188 1.130 4.00 0.68 2.40 0.33 4.66
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Clo Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00	Total Cost Total Cost Total Cost S	9.10 3.80 9.10 3.80 4.60 4.72 4.00 0.68 2.40 7.89 0.33 4.66 7.50
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94	Total Cost Total Cost S 71 S 86 S 47 S 28 S 38 S 10 S 5 S 39 S 18 S 7 S 39 S 18	9.10 9.10
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 24x compass M-P not Triple S Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 112 15oz gl gl poo 1 gl-4/cs //cs y 1gl-4cs ter	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94	Total Cost Total Cost S 71 S 86 S 47 S 41 S 28 S 38 S 10 S 5 S 39 S 18 S 7 S 9 S 19 S 2	9.10 9.10
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 112 15oz gl gl poo 1 gl-4/cs //cs y 1gl-4cs ter	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 36.00	Total Cost Total	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 8.28 0.00
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pni Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate in 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs ter	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 2.30	Total Cost Total	9.10 9.10
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs ter 1 10100 poped end mop	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 1.00 6.00 1.00 2.00 2.00 5.00 4.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 2.30	\$ 35 Total Cost \$ 71 \$ 86 \$ 47 \$ 28 \$ 38 \$ 10 \$ 55 \$ 39 \$ 18 \$ 77 \$ 3 39 \$ 18 \$ 22 \$ 38 \$ 38 \$ 38 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39	9.10 3.80 9.10 3.80 4.60 4.72 1.188 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pn Triple S Navigator #26 Summit HD Cl Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs ter 1 10100 poped end mop	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 1.00 6.00 1.00 6.00 2.00 2.00 5.00 4.00 3.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 14.14 \$ 36.00 \$ 2.30 \$ 76.00 \$ 50.68	Total Cost Total	9.10 9.10
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator #26 Summit HD Cli Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend lo 3m Niagara Hogs Hair 20in burnish	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate in 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter ggs e 10/100 coped end mop ling pad: 1 @ 5.03	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 14.14 \$ 36.00 \$ 76.00 \$ 76.00 \$ 32.76 \$ 76.03	\$ 71 \$ 86 \$ 47 \$ 86 \$ 47 \$ 86 \$ 47 \$ 86 \$ 47 \$ 86 \$ 8 \$	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 8.28 0.00 9.20 8.00 9.94
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toilet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose 6 SSS Navigator 24x compass M-P no Triple S Navigator #26 Summit HD Cl Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter gs e 10/100 ooped end mop ling pad: 1 @ 5.03	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 76.00 \$ 32.76 \$ 5.03 \$ 76.00 \$ 32.88	\$ 71 \$ 86 \$ 47 \$ 41 \$ 28 \$ 38 \$ 38 \$ 10 \$ 5 \$ 39 \$ 18 \$ 72 \$ 33 \$ 75 \$ 39 \$ 18 \$ 77 \$ 30 \$ 18 \$ 77 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.00 6.56 9.94 7.28
Description 10" bleached roll towel emboss 6/cs Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator #26 Summit HD Cl Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnishl Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 2 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter ggs e 10/100 poped end mop lng pad: 1 @ 5.03	18.00 20.00 6.00 6.00 6.00 6.00 4.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 36.00 \$ 32.76 \$ 32.76 \$ 5.03 \$ 4.99 \$ 4.99 \$ 4.88 \$ 5.03	Total Cost Total	9.10 3.80 9.10 3.80 4.60 4.72 1.38 1.30 4.00 0.68 2.40 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.00 6.56 1.80 9.94 7.28 0.18
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator 26 Summit HD Clo Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend lo 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 12 15oz gl gl poo 1 gl-4/cs /cs y 1gl-4cs ter ggs e 10/100 poped end mop ling pad: 1 @ 5.03	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 14.14 \$ 36.00 \$ 2.30 \$ 76.00 \$ 32.76 \$ 5.03 \$ 5.03 \$ 5.03 \$ 5.03 \$ 6.03 \$ 76.00	Total Cost Total Cost Total Cost S	9.10 9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 6.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.80 6.56 1.80 9.94 7.28 0.18
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pni Triple S Navigator 24x compass M-Pni Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend lc 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per c 40x48 40-45 gl .62 mil 250/cs himole	ion cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter et 10/100 poped end mop ling pad: 1 @ 5.03 N Wet Mop Pad ase ene opaque liners	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 76.03 \$ 76.03 \$ 70.03 \$ 2.30 \$ 2.30 \$ 32.76 \$ 5.03 \$ 32.76 \$ 5.03 \$ 5.03 \$ 5.03 \$ 5.03 \$ 70.03 \$ 70.0	Total Cost \$ 71 \$ 86 \$ 47 \$ 94 \$ 10 \$ 38 \$ 38 \$ 10 \$ 5 \$ 39 \$ 18 \$ 77 \$ 39 \$ 18 \$ 28 \$ 30 \$ 30 \$ 22 \$ 31 \$ 30 \$ 32 \$ 31 \$ 32 \$ 33 \$ 34 \$ 35 \$ 35 \$ 36 \$ 36 \$ 37 \$ 38 \$ 38 \$ 38 \$ 38 \$ 38 \$ 39 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30 \$ 30	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 6.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.00 6.56 1.80 9.94 7.28 0.18 0.62 6.26
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pm Triple S Navigator 24x compass M-Pm Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per c 40x48 40-45 gl. 62 mil 250/cs himole	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter gs e 10/100 poped end mop ling pad: 1 @ 5.03 N Wet Mop D Pad ase ene opaque liners ene opaque liners	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 76.00 \$ 5.95 \$ 76.00 \$ 5.94 \$ 76.00 \$ 76.00 \$ 32.76 \$ 5.03 \$ 76.00 \$ 32.76 \$ 32.76 \$ 33.76 \$ 34.76 \$	Total Cost Total	9.10 3.80 4.60 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 9.20 8.00 9.20
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Tollet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator #26 Summit HD Cl Triple S Navigator #26 Summit HD Cl Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Fret SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per c 40x48 40-45 gl. 62 mil 250/cs himole 30x37 20-30 gl 16 mic 500/cs himole 24x33 12 to 16 gal .62ic 500/cs himolene opae	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter gs e 10/100 poped end mop ling pad: 1 @ 5.03 N Wet Mop D Pad ase ene opaque liners ene opaque liners	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 67.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 76.00 \$ 5.03 \$ 76.00 \$ 5.03 \$ 76.00 \$ 5.03 \$ 76.00 \$	Total Cost Total	8.80 Equipmer Operating C 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.00 6.56 1.80 9.94 7.28 0.18 0.62 6.26 4.84 2.42
Description 10" bleached roll towel emboss 6/c: Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 9x multi purpose of SSS Navigator 24x compass M-Pm Triple S Navigator 24x compass M-Pm Triple S Navigator #26 Summit HD Cli Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4 Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per c 40x48 40-45 gl. 62 mil 250/cs himole	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter gs e 10/100 poped end mop ling pad: 1 @ 5.03 N Wet Mop D Pad ase ene opaque liners ene opaque liners	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 76.00 \$ 5.95 \$ 76.00 \$ 5.94 \$ 76.00 \$ 76.00 \$ 32.76 \$ 5.03 \$ 76.00 \$ 32.76 \$ 32.76 \$ 33.76 \$ 34.76 \$	Total Cost Total	9.10 3.80 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 9.20 8.28 0.00 9.20 8.00 9.20 8.00 9.94 7.28 0.18 0.62 6.26 4.84
Description 10" bleached roll towel emboss 6/cs Niagara 96x504 2Ply Toliet Tissue SSS Navigator 5x non acid restro SSS Navigator 2x multi purpose of SSS Navigator 24x compass M-P not Triple S Navigator #26 Summit HD CI Triple S Pleascent Triple Metal Cleaner/Polish Vectra floor finish 5 Diversity pro strip 5 Corr carpet & upholstery sham Corr defoamer 1 gl-4. Triple S Pre treatment spra Super extension dus Urinal Screens Triple S Microfiber ra Spray Bottles Nitrile Gloves Powder Free SSS 1-1/4" natual value + blend ic 3m Niagara Hogs Hair 20in burnish Rayon wet mop SSS 5X24 Value+Cotton Cut E 3M 7200 20" Black Strip Snapback: 4 gal per c 40x48 40-45 gl. 62 mil 250/cs himole 30x37 20-30 gl 16 mic 500/cs himole 24x33 12 to 16 gal. 62ic 500/cs himolene opar Pureil LTX Adv Instant Hand Sant Foam	oom cleaner 2ltr disinfectant 2ltr eutral cleaner 2ltr eaner *Concentrate 1 12 15oz gl gl poo 1 gl-4/cs /cs /cs y 1gl-4cs ter gs e 10/100 poped end mop ling pad: 1 @ 5.03 N Wet Mop D Pad ase ene opaque liners ene opaque liners	18.00 20.00 6.00 6.00 6.00 6.00 1.00 6.00 3.00 1.00 0.50 1.50 2.00 2.00 5.00 4.00 3.00 6.00 6.00 6.00 6.00 6.00 6.00 6	\$ 39.95 \$ 43.19 \$ 79.10 \$ 69.12 \$ 46.98 \$ 63.55 \$ 26.00 \$ 50.68 \$ 65.40 \$ 62.63 \$ 70.33 \$ 69.32 \$ 65.00 \$ 5.94 \$ 14.14 \$ 36.00 \$ 2.30 \$ 76.00 \$ 5.03 \$ 76.00 \$ 32.76 \$ 5.03 \$ 32.76 \$ 32.76 \$ 32.76 \$ 33.76 \$ 33.76 \$ 34.99 \$ 39.88 \$ 39.88 \$ 5.03 \$ 70.33 \$ 7	Total Cost Total	8.80 Equipmer Operating C 9.10 3.80 4.60 4.72 1.88 1.30 4.00 0.68 2.40 7.89 0.33 4.66 7.50 1.88 8.28 0.00 9.20 8.00 6.56 1.80 9.94 7.28 0.18 0.62 6.26 6.26 6.26 6.28

3/8/2022

	Preferred Source Facilitating Entity		NYSID		ana-vi	
c	Purchasing Agency Name	Erie County			Application Date	4/7/2020
tio	Contact Name	James Kucewicz				
Project Information	Contact Email	James.Kucewicz@erie.gov				
0	Contact Phone Number	(716) 585-6336				
=	Contact Street Address	Rath Bldg. 95 Franklin St.				
Ct	City, State, Zip Code	Buffalo, NY 14202				
O	Project Name	Erie County He	alth Mall		7	
0	Proposed Start Date	1/1/2022				
	Subtotal				\$ 6,677.62	Total Supplies and Non- Amortized Equipment
						\$ 6,677.6
	Description		Quantity	Price	Total Cost	
Other Costs						
ther						Total Other
0	Subtotal			\$ -	\$ -	Cost

Contract Subtotal 79,393.61 PREFERRED SOURCE SERVICE APPLICATION

FORM 3 Service Cost Summary

3/8/2022

	Preferred Source Facilitating Entity	NYSID		
	Purchasing Agency Name	Erie County	Application Date	4/7/2020
ţi.	Contact Name	James Kucewicz		
ma	Contact Email	James Kucewicz@ene.gov		
Infor	Contact Phone Number	(716) 585-6336		
	Contact Street Address	Rath Bldg. 95 Franklin St.		
C	City, State, Zip Code	Buffaio, NY 14202		
0	Project Name	Erie County Health Mall		
à	Proposed Start Date	1/1/2022		

Description	Rate %		Total Cost	
Administrative Overhead	15.00%	\$	11,909.04	
Subtotal With Overhead		\$	91,302.65	
Preferred Source Fee	4.00%	S	3,652.11	
Subtotal With Overhead and Fees		\$	94,954.75	Overhead an Fees Total
				\$ 94,954.

Contract Total \$ 94,954.75

			Term		
- u	Initial Contract Term (In Year	s)		1	
- O			Term	Frequency	Annual Total
Sus	Options for Extensions				\$ 94.954.7
it to		Description	Amount	Frequency	Monthly Total
O	Cost Escalator (If applicable)	PW 7/1			\$ 7,912.9

PART V: ERIE COUNTY HEALTH MALL

TOTAL AREA TO BE SERVICED IS APPROXIMATELY 18,779 SQUARE FEET (per the following breakdown)

AREA		SQUARE FEET	
3 BLOOD DRAW ROOMS		219	nalideralization
1 PROCESSING ROOM	podar ((villeljud ginta su urusum) (i). yang katil-alamin yanta sungat Samelin Allaminjangkalam _{a s} u _s ay _a .	121	
1 LAB WAITING ROOM		231	
1 PASSAGE		155	
1 SPECIMEN TOILET	4-3000/00-000/000	45	
1 BIOHAZARD ROOM		8	
	SUBTOTAL	7	79
UB SCHOOL DENTISTRY - 1ST FLOOR			
1 WAITING ROOM		337	
1 RECEPTION	All Marketines and Parties I have an employment annual flates and restable most	106	
1 PANORAMIC X-RAY	Marketten bengammanga ar ar ar ar 1974 - sasarahin harangar 19	83	
6 DENTAL OPERATORY ROOMS	graphic and the second	672	
1 DOCUMENTATION	as a self-feet as to a second as a self-feet as to a second as	181	
1 IT CLOSET	mysid or Highle - 400 dilishididdi (mysiodi yymny rasy yn gann gymnigdilli ligaillydip (lilianillidain)	SS	
I DENTAL SUPPLY	 - Commission of Substitute State Superpose Content of Substituting Physics (See Survey Substituting Physics) 	48	
1 DENTAL LAB		76	
1 PATIENT TOILET		61	
1 STERILIZATION - SOILED PROCESS		57	
1 PASSAGE		466	
	SUBTOTAL	2,1	42
AKE SHORE BEHAVIORAL - 15T FLOOR			
L GROUP ROOM		257	
WAITING ROOM		140	
OFFICES	Section 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	420	
RECEPTION/SECRETARIAL	der schreiberger geren i gliggerfreiberg in a minim	211	
PASSAGE	to the second se	131	
	SUBTOTAL	1,1	59
MID-ERIE - 1ST FLOOR			
OFFICES		1,029	
WAITING	- Improved the state of the sta	177	
RECEPTION	nemen nemen en et de	142	
GROUP ROOM		230	
CLOSET		21	-
PASSAGES	energial desirables energy of the energy of	466	
SUPPLY	the statement in the statement to the statement of the st	64	
	SUBTOTAL	2,12	29

COMMON SPACE - 1ST FLOOR		
1 LOBBY AND 2 VESTIBULES		313
6 CORRIDORS AND PASSAGES		1,542
4 TOILET VESTIBULE		116
7 TOILET ROOMS		594
1 RECEPTION		98
2 ENVIRONMENTAL SERVICES		93
1 RECYCLING ROOM		20
1 STAFF LOUNGE		498
2 LOCKER ROOMS (ONE MEN'S, ONE WOMEN'S)		204
1 ELECTRICAL ROOM		129
1 VESTIBULE		47
	SUBTOTAL	3,654

AREA		SQUARE FEET
20 EXAM ROOMS		1,848
9 OFFICES		1,010
3 WAITING ROOMS		649
2 RECEPTIONS		428
1 MED. PREP.		129
2 SOILED WORKROOMS		122
3 CLEAN HOLDINGS AND SOILED HOLDINGS		218
4 TOILET ROOMS		247
6 PASSAGES/CORRIDOR		1,572
3 NURSE STATIONS & TRIAGE NURSES		558
1 IT CLOSET		100
1 MOP CLOSET		10
1 WEIGH ALCOVE		36
	SUBTOTAL	6,927
COMMON SPACE - 2ND FLOOR		
4 TOILET ROOMS AND TOILET VESTIBULES		502
S CORRIDORS AND PASSAGES		1,450
1 ENVIRONMENTAL SERVICES		37
	SUBTOTAL	1,989

NOTE: All materials (toilet paper, towels, soap, etc.), cleaning supplies (bleach, glass cleaner, polish, etc.), and equipment (brooms, mops, mop heads, vacuum cleaner, etc.) are to be provided by vendor.

WORK PERFORMED FIVE DAYS PER WEEK UNLESS OTHERWISE INDICATED – BETWEEN THE HOURS OF 7PM–7AM UNLESS OTHERWISE ARRANGED BETWEEN CONTRACTOR AND FACILITY SUPERVISOR. SINGLE CLEANING PERSON MUST "WORK" 4 HOURS PER DAY. MULTIPLE CLEANING PERSONS MUST "WORK" A MINIMUM OF 2 HOURS PER DAY. THIS DOES NOT INCLUDE TIME TAKEN FOR LUNCH OR BREAKS.

*Vendor is responsible for removing existing dispensers (soap, towel, etc.) and providing appropriate dispensers if alternate products are to be provided. Removal/installation of alternate dispensers must not cosmetically or structurally damage mounting surfaces. Vendor is responsible for all cosmetic/structural repairs, including, but not limited to: resurfacing, drywall, painting.

WORK TO BE PERFORMED:



ALL OFFICE AREAS, CONFERENCE ROOMS, COUNSELING ROOMS, COUNSELING SUITES, ADMINSTRATIVE OFFICES AND FRONT DESK AREA

(THREE DAYS A WEEK)

- Dust all office furniture, sill and ledges, especially in Front Office space.
- · Clean and sanitize all telephones
- · Sweep and mop all floors.
- Vacuum all carpets and runners.
- Empty waste containers and remove waste to designated areas.

ALL CORRIDORS AND PASSAGEWAYS (THREE DAYS A WEEK)

- Clean and sanitize drinking fountains.
- · Sweep and mop all floors.
- Vacuum all carpets and runners
- · Empty waste containers and remove waste to designated areas.

LOBBY ENTRANCES

(THREE DAYS A WEEK)

- · Sweep and mop all floors
- Wash glass doors and vestibules

EXAM ROOMS, LABORATORY, BLOOD DRAW AND DENTAL OPERTORIES (DAILY)

- Clean and sanitize sinks and counters with disinfectants
- Pull up all mats and wash with disinfectant (not bleach)
- Wet mop floors with 1:10 bleach solution
- Clean and replenish all dispensers with antibacterial soap or towels as indicated.
- Wipe all knobs with disinfectant
- Empty Biohazard waste containers and remove waste to designated areas.
- Empty dirty water from mop buckets and refill with clean bleach solution (1:10) at the end of each cleaning day.

(WEEKLY)

Polish all stainless steel surfaces (counters, sinks, exam tables, exam chairs, dental equipment) ONCE A WEEK

RESTROOMS:

(DAILY)

- · Empty waste containers, and remove waste to designated areas
- · Clean and sanitize sinks, urinals, and commodes
- Polish sink fixtures
- Wet mop floors
- Clean and replenish all dispensers with antibacterial soap, towels, toilet tissues etc. All materials will be provided by the vendor.

(QUARTERLY)

Machine clean all floors.

BREAKROOM, KITCHEN, LOCKER ROOMS:

(DAILY)

- Sweep and wet mop floors
- Clean and sanitize tables, counter, microwaves and other surfaces
- · Empty waste containers



ALL OFFICE AREAS, CONFERENCE ROOMS, HALLS AND LOUNGES:

(QUARTERLY)

· Vacuum and wash all vents.

(TWICE A YEAR)

- Recondition all resilient floors, STRIPPING, sealant application and waxing all floors
- Outside windows will be washed twice a year
- Shampoo office carpeting



(DAILY)

Inspect parking lot and other adjacent areas and pick up any trash (papers, cans, etc.) if needed.

^{**}Contractor to provide regular, on-site supervision of janitorial staff

^{***}Erie County provides a room to store equipment and supplies. This room must be kept in an orderly condition. No garbage or water palls or mildewed mops are to be left in this room at any time. This room should be kept in an orderly condition. The Erie County Health Mall deals with biological fluids which may come in contact with the mop used to clean the floor. Vendor must have an OSHA-compliant method of mopping floors, e.g. disposable mop heads or use of disinfecting cleaning solution.

University at Buffalo School of Dental Medicine

THE FOLLOWING ARE INSTRICTIONS FOR CLEANING EACH LOCATION OF HE RENTAL CURIC

FRONT OFFICE: (ROOM 171~-Not labeled, next to locken) Swept and mapped weekly. The door will be left open on FRIDATS for this to be completed.

If the room needs sweeping/mopping on an additional day, the door will be left open to indicate this is needed.

if the door is closed nothing is needed (typical Monday Thursdays)

BACK CONFERENCE ROOM: (ROOM 184) Wipe down tables, map floor which door is left open

If the door is closed, nothing is needed that day

OPERATORIES+STERIUZATION: (ROOMs 173-182) Sweep and mop floors daily

-Per verbal agreement, countertops do NOT need to be done unless requested.

-Try not to move any items or fixtures. If it is necessary to move for cleaning, please return it to the state It was in when tound

UTILITY CLOST; (ROOM 144) Sweep and mop floor when requested (we will put a "CLEAN PLEASE" sign on the doo). Security will unlock the door, please ask them to do this when ready to clean

If the door is closed, nothing is needed that day

EACK (AB) (ROOM 188) Sweep and map floor when requested (we will put a "CLEAN PLEASE" sign on the door). Security will need to unlock the door, please ask them to do this when ready to clean

If the door is closed nothing is needed that day

IRASH: All trash cans should be emptied daily it soiled, change liner

-Larger garbage Items (that don't fit in trash cars) will be tagged with a post-it labeled "TRASH" and will be located on the BACK WALL next to room ROOM 184

-Boxes to be frown away will be on the BACK WALL next to room ROOM 184

RESTROOM: (ROOM 189) Clean per normal janitarial protocols

N/A



Procurement Services

Preferred Source Facilitating Entity Service Application

FORM 2

Each of the sections below must be completed. Additional documents may be attached.

To be completed by the Preferred Source Facilitating Entity:

NYSID 5/13/2020

Member Agency Information

Member Agency:	The ARC Erie County New York
Contact Person:	Mark Hogg
E-Mail:	mhogg@arceriecounty.org
Phone #:	716-207-9283
Street Address:	30 Wilson Rd
City, State Zip:	Williamsville, NY 14221

Corporate Partner Information (If applicable)

Corporate Partner Name:	Click here to enter text.
Contact Person:	Click here to enter text.
E-Mail:	Click here to enter text.
Phone #:	Click here to enter text.
Street Address	Click here to enter text.
City, State Zip:	Click here to enter text.

Purchasing Agency Information

Purchasing Agency:	Erie County
Contact Person:	James Kucewicz
E-Mail:	James.Kucewicz@erie.gov
Phone #:	(716) 585-6336
Street Address:	Rath Building: 95 Franklin
City, State Zip:	Buffalo, NY 14202

Form 2 Preferred Source Facilitating Entity Service Application

Prevailing Wage Information

Is this service subject to Article 9 of the NYS Labor Law?

Yes

If yes, please enter the PRC number from Form 1 in the box below and attach the correct Prevailing Wage Schedule to this form 2020900344

Is this service subject to the <u>New York City</u> Prevailing Wage Schedule? please attach the correct Prevailing Wage Schedule to this form.

Choose an item

If Yes,

Each of the sections below must be filled out.

Additional documents may be attached if necessary.

Form fields will expand as text is entered.

Approved Preferred Source Service(s) Click here for a link to the detailed list and definitions of approved Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. The service proposed must align with the customer scope of work.

NYSPSP APPROVED SERVICES

Choose an item	Choose an item
Choose an item	Choose an item.
Choose an item.	Choose an item
Choose an item	Choose an item.
Choose an item	Choose an item

NYSID APPROVED SERVICES

Janitorial	Choose an item
Floor Maintenance	Choose an item
Carpet Cleaning	Choose an item
Choose an item.	Choose an item.
Choose an item.	Choose an item.

Provide a detailed response to the Purchasing Agency Statement of Work (Form 1) in the fields below.

Please list the actual tasks to be performed and their frequency:

5x a week cleaning of the Erie County Health Mall: please see form 1 for SOW

Page 2

Revised 02/03/2020

Form 2 Preferred Source Facilitating Entity Service Application

Please list all applicable deliverables that the Preferred Member or Corporate Partner will provide (i.e. document images, reports, etc.):

N/A

Please list the job titles and their descriptions that the proposed project will require:

Please see attached job descriptions

Please provide an estimated timeline for completion, and a work schedule for the proposed contract:

7/1/2020 to 6/30/2021 with 4, 1-year options to renew

Work Location(s)

Erie County Health Mall, 1500 Broadway, Buffalo, NY 14212

Proposed Contract Term

7/1/2020 to 6/30/2021 with 4, 1-year options to renew with annual Prevailing Wage Adjustment as mandated by NYS DOL

Proposed Contract Price - Total value, annual value, unit price(s) as applicable

\$88,310.49/year, \$7,359.21/month

Special Requirements

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

N/A

Preferred Source Facilitating Entity Service Application

By signing below, the undersigned attests that they have completed the following

- Reviewed Form 1 from the Purchasing Agency and confirmed that the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable Corporate Partner are able to satisfy the form, function, and utility of the service required;
- 2 Responded to any concerns, suggestions, or questions submitted in writing by the purchasing agency
- 3 Completed Forms 2 & 3.

The undersigned recognizes that this Service Application (Forms 1, 2, 3, and any additional attachments) is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned agrees and acknowledges that this Service Application may become part of the final contract if a contract is executed. The undersigned acknowledges that the final fully executed contract may be posted or otherwise made publicly available. The undersigned attests that they are authorized to sign on behalf of the Preferred Source Facilitating Entity Preferred Source Member and, if applicable Corporate Partner. The undersigned further attests that they have read each page of the attached Service Application and are in agreement with the scope of the work described therein, the prices contained therein, and all other material terms.

Preferred Sc	urce Member	Authorized	Signature:
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Printed Name

Douglas DiGesare

Date:

5/13/2020

Corporate Partner Authorized Signature (if applicable):

Printed Name

Click here to enter text

Date

Click here to enter text

Preferred Source Facilitating Entity Authorized Signature: Kat Van Fonds

Printed Name: Kat VanFonda

Date: 5/14/2020

- 1 Upon completing and signing Forms 2 and 3, submit the completed application to the Purchasing Agency via mail or e-mail along with the Market Comparison, Designating Agency Corporate Partner Approval (if applicable), Prevailing Wage Schedule (if applicable), and a Prior Contract Approval Letter (if applicable).
- 2. Preferred Source Facilitating Entity must obtain Purchasing Agency signature of approval (Form 4). before submitting an application to NYS OGS





Purchasing Agency Acceptance of Preferred Source Service Application

FORM 4

By signing below the undersigned attests that appropriate purchasing agency personnel have

Read and reviewed the entire Preferred Source Facilitating Entity Service Application totaling 73 pages including Forms 1-4. Appendices Attachments and other documents referenced in the Preferred Source Service Application Index

Submitted concerns, suggestions or questions concerning the Preferred Source Facilitating Entity's Service Application to the Preferred Source Facilitating Entity and that the Preferred Source Facilitating

Entity has provided answers to the purchasing agency's satisfaction, and

Confirmed that to the undersigned's reasonable knowledge, all the job titles hours, and equipment listed are necessary to perform the work described nerein basing such condusion on discussion and agreement between the purchasing agency and Preferred Source Facilitating Entity's employees.

The undersigned recognizes that this Service Application is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination in accordance with State Finance Law § 162 and the New York State Procurement Council Preferred Source Guidelines. The undersigned acknowledges that OGS may in its discretion verify the Iruth and accuracy of all statements made and information provided herein. The undersigned attests that they are authorized to sign on behalf of the purchasing agency. The undersigned agrees and acknowledges that this Service Application will become part of the final contract if a contract is executed.

Parchasing Agency Authorized Signature	
James D. Kucewicz	
PanyType Name	
Buyer	
Title / /	
6/12/20	
Date	
(716) 858-6336	
Phone Number	
james. Kucewicz Derie.	100
Email	r